A N

E S S A Y

ON THE Th. Windsor

RETROVERSION OF THE UTERUS;

ILLUSTRATED WITH

CASES AND OBSERVATIONS.

By WILLIAM COCKELL, of PONTEFRACT, M. D.

LONDON:
PRINTED AT THE LOGOGRAPHIC PRESS,
AND SOLD BY
B. LAW, AVE-MARIA-LANE; G. KEARSLEY, FLEET STREET; J. DODSLEY,
PALL MALL, AND J. TODD, YORK.
MDCCLXXXV.
[PRICE 1s. 6d.]

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TO

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This ESSAY is most respectfully didicated by

THE AUTHOR.

PREFACE.

ENCOURAGED by the approbation of ſome of the Faculty, and conſidering that any uſeful diſcovery, in the healing art, though ever ſo trifling, muſt be of ſervice to mankind, I determined to commit to the preſs the following very imperfect Essay. The diſorder is not indeed new, though very little has been given to the world on the ſubject; this may be ſome excuſe for my attempt, and if my unpoliſhed language does not diſguſt, I am not without hopes that the mode of proceeding I recommend will meet with a favourable reception. If it be otherwiſe, conſcious of having done what I thought my duty, I ſhall rejoice if ſomething better ſhould be publiſhed hereafter. To ſuch as know more let me apply

———————*Rectius iſtis*
Candidus imperti.——

To others it is my wiſh to be uſeful.

Pontefract,
May 2, 1785.

WILLIAM COCKELL.

ERRATA.

PAGE 5, line 11, for *inverted* read *retroverted*.

6, line 1, for *continue* read *continues*.

7, line 13, for *utere* read *uteri*.

8, line 5, for *inverted*, read *retroverted*.

11, line 12, ditto, ditto.

15, line 3, for *it is* read *I conceive it*.

17, line 5, for *inverted* read *retroverted*.

19, line laſt ditto, ditto.

20, line 18, for *further*, read *farther*.

30, line 11, for *inverted* read *retroverted*.

AN

ESSAY

ON THE

RETROVERSION, &c.

THE diſeaſe which is the ſubject of the following ſheets, is neither generally known, nor hath it been fully treated of by any author I have read; which ſeems rather remarkable in this enlightened age, when the induſtry and abilities of many of the faculty ſhine forth ſo conſpicuouſly, eſpecially as the diſorder is dangerous, and often proves fatal. There are indeed ſome caſes in print,* which authenticate the diſeaſe, and partially deſcribe its ſymptoms; but, in my humble opinion, no remedy hath hitherto been diſcloſed which perfectly meets the evil, or is adequate to the removal of it.

* See Medical Obſervations and Inquiries, Vol. IV. and V.

Dr. Hunter, in his remarks on the retroverted uterus, aſſerts, that the very exiſtence of ſuch a caſe has been controverted. But, having myſelf met with a conſiderable number, in the courſe of thirty years practice, I am induced to believe, that this dreadful malady occurs more frequently than the faculty in general ſuppoſes. Nor do I apprehend that many of our practitioners, in the remote parts of the country at leaſt, ſuſpect it to happen till it is too late to adminiſter relief; for the diſorder, if long neglected, will moſt probably terminate fatally, as too clearly appears by the ſecond caſe hereafter to be related; and the event will be the ſame if it ſhould chance to be miſtaken. Here I muſt obſerve, that when I was a ſtudent under the late celebrated anatomiſt abovementined, in the year one thouſand ſeven hundred and fifty-four, a caſe of this ſort occurred to him; and the Doctor, in a lecture extraordinary, which he gave to the faculty, with the parts before him, treated it as a new caſe,* without aſſigning any ſatisfactory cauſe, or pointing out any competent

* This caſe has been communicated to the public.

remedy. The opinion he formed of it afterwards may be ſeen in his remarks;* which, however, were unknown to me when I hit upon my method of cure; and I muſt add, that ſince the year 1754, I have never heard ſuch a caſe mentioned in converſation by any of the faculty, except once, by Mr. Hey of Leeds, a gentleman in extenſive practice, who is a very accurate obſerver, and an ornament to his profeſſion.

For my own part, I have made no ſecret of the facts I have met with; but, on proper occaſions, made known to ſome of the faculty all thoſe caſes which have fallen immediately under my own care, together with my obſervations upon them: and as I have been the happy inſtrument, under Providence, of relieving many afflicted perſons in this complaint, I thought it a duty incumbent on me to communicate to the public that method of cure which I have found effectual; hoping that it will be of ſervice to young practitioners in midwifery, and poſſibly not unacceptable to thoſe of longer experience.

* Medical Obſervations and Inquiries. Vol. V. Page 388.

PERHAPS I may not be able to make myſelf clearly underſtood in the deſcriptive part, but ſhall endeavour to ſurmount that difficulty as well as I can, and ſhall honeſtly propoſe the remedies which I believe to be effectual.

In the firſt place, then, I ſhall give the general ſymptoms of the diſorder, from the time when they become ſpecific and unequivocal, till the happy or fatal termination, together with an anatomical explanation of the uterus, in its retroverted ſtate, when the diſorder has taken place.

AFTERWARDS I ſhall ſubmit to the reader what I take to be the proper treatment of the diſorder; and will farther venture to add my ideas as to the cauſe of it, grounded upon a number of caſes which have fallen under my own immediate obſervation; and will take occaſion to ſhew the neceſſity of diſcovering the diſorder in as early a ſtage as poſſible.

I WOULD firſt generally obſerve that all the patients labouring under this complaint, whom I have been called to aſſiſt, were of relaxed habits of body, and that every one of them, when advanced into the third month of pregnancy, began to complain of making water with difficulty, which before that time they had not properly attended to, generally attributing this complaint to their having been interrupted in the doing of it, or otherwiſe diſappointed of obeying the firſt calls of nature.

THIS difficulty of making water, when the uterus is inverted, daily increaſes, and is attended with a dull pain about the ſymphyſis of the oſſa pubis, until nearly a total ſuppreſſion of urine takes place.

FROM that time the pain about the ſymphyſis of the pubis becomes more and more acute. To theſe ſymptoms ſucceeds a great difficulty in going to ſtool, with a bearing down pain through the whole pelvis; every one of

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which evils continue to increaſe, and at laſt no feces can be got rid of without the aid of clyſters.

By the time the patient has advanced to the latter end of the third, or beginning of the fourth month of pregnancy, aſſiſtance is generally called for. But ſhould the diſorder continue many days longer undiſcovered, the danger increaſes ſo as in a ſhort time to make the cure exceedingly difficult, if not impoſſible; and then the moſt probable means of ſaving the life of the patient in this ſtage of the diſorder, in my opinion, are thoſe ſuggeſted in my remarks on the ſecond caſe, and which I believe will be found generally practicable, and, for the moſt part, attended with ſucceſs.

Having been informed of all ſymptoms the patient can deſcribe, if they correſpond to thoſe mentioned in the 5th page, and the beginning of this, a very probable conjecture may be formed of the caſe, which to aſcertain more clearly, the following mode of examination may be tried.

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LET the patient lie down on one ſide, with her back to you, and her knees drawn up towards the abdomen. Whilſt ſhe is in this poſition, the os externum muſt be paſſed with the fore finger; and the lower part of the vagina, towards the os coccygis, will be found greatly diſtended, and upon the ſtretch from ſide to ſide, ſo as to prevent it from collapſing upon the finger. This is occaſioned by a tumor preſenting itſelf at the lower part of the os ſacrum, which totally impedes the finger in its paſſage to the hollow of the ſame bone, where you might expect to find the os internum; but by paſſing the finger up to the ſymphyſis of the pubis, there the collum utere will be diſcovered, greatly ſhortened of its natural length, and cloſely preſſed againſt the upper part of the pubis, into the form of a round button, of the thickneſs of about half an inch, the os internum opening but little.

PERHAPS in this ſtate, the ſhape and form of the collum uteri cannot be better deſcribed than by comparing it

with a muſhroom juſt beginning to open, the concave ſide thereof being towards the pubis.

AFTERWARDS, by paſſing the finger up the rectum, you find the tumor, betwixt the rectum and vagina, which is the fundus uteri inverted downwards, and fallen into that ſituation.

THESE particulars being aſcertained, a perſon is then perfectly maſter of the ſubject; and by carefully attending to, and ſteadily purſuing the following general directions, there will be little doubt of a cure, by replacing the uterus in it's natural ſituation.

To accompliſh this deſirable end, I recommend the following method, which I never found inadequate, except in the deſperate inſtance which is recorded in the ſecond caſe, and where it would have been abſurd to make the attempt.

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THE catheter muſt be paſſed, and all the water drawn off; which is not attended with much difficulty. It will be afterwards proper that a clyſter be adminiſtered, in order to free the rectum entirely of feces. But in doing of this moſt commonly greater oppoſition is met with than was expected, by reaſon of the fundus uteri preſſing the rectum cloſe to the os ſacrum:—theſe impediments, however, being removed, the patient ſhould have ſome proper cordial to ſupport her, and alſo a little time to recover the fatigue which ſhe has neceſſarily undergone.

I COME now to the operation itſelf. Place three or four pillows upon the floor by the bedſide, upon which the patient muſt reſt her head and arms; at the ſame time, let her be well ſupported by two or three female friends, reſting her knees upon the edge of the bed, which ſhould not be a high one. The operator muſt then be placed upon the bed, behind the patient, taking care not to ſuffer the leaſt expoſure, and gradually dilate the os externum, until the hand can be paſſed into the vagina; which

done, let him bend the thumb into the palm of the hand, reſting its point juſt betwixt the roots of the little and third finger; then cloſe all his fingers upon the thumb, which brings the hand into the ſmalleſt compaſs poſſible; and in this poſition great power and ſtability will be given to the three firſt fingers, with which every effort muſt be made, by oppoſing the knuckles and middle parts of theſe fingers to the tumor or fundus uteri, and as near to the ſymphyſis of the pubis as may be, keeping in mind an exact idea of the ſituation of the upper part of the ſacrum; and towards that part directing his whole preſſure, which muſt be conſiderable.

By perſevering in this mode, the os internum is ſomewhat drawn, by the vagina, towards its natural ſituation, which aſſiſts in the reduction. If the firſt efforts prove abortive, the attempt muſt be repeated and iterated, till the tumor is found to recede; which muſt be followed up, till the fundus uteri turns over; when it will appear that it has regained its proper and natural ſituation. For

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it will be immediately diſcovered, that the os internum is moved from the ſymphyſis of the pubis to the hollow of the ſacrum.

If it be aſked what force is neceſſary to apply in reducing the uterus, ſo wedged in the pelvis, I know of no better mode to anſwer than by referring to a caſe in midwifery, where the fœtus muſt be turned, when the membranes are broke, the liquor amnii is diſcharged, and the uterus contracted. All who practice in the obſtetric art muſt be ſenſible of the great power required to effect this; ſo much force I have found to be neceſſary in reducing the inverted gravid uterus.

After the operation the patient muſt be put to bed, and take an opiate, and ſhould continue eight or ten days without being moved therefrom. During this time ſhe muſt be ſupported with light nouriſhing diet, and avoid all force either in making water or going to ſtool.

At the expiration of this period, if no miſcarriage happen, upon examining the parts, not only the os internum will be found in its proper ſituation, but the collum uteri reſtored to its natural form ; and at the ſame time, as the uterus and fœtus will have acquired a conſiderable bulk, ſo as to reſt upon the brim of the pelvis, there can be little danger of a relapſe ; at leaſt I never experienced any.

As the late Dr. Hunter, in the Lecture which I have mentioned in the beginning of this paper, did not give any opinion reſpecting the cauſe of the diſorder ; and as I have not at any time ſince, either heard or read of it's being accounted for by any one, what follows upon the ſubject I ſubmit with the greateſt deference, as the reſult of my own obſervation and experience ; hoping that it will at leaſt induce others, who are more competent and have better opportunity, more fully to inveſtigate this ſubject, which I could wiſh, for the good of ſociety to be perfectly well underſtood.

It has been before obſerved that all thoſe who have been afflicted by this diſorder, at leaſt all whom I have ſeen, were of relaxed habits of body*: and that, when advanced in their third month of pregnancy, they have experienced a difficulty in making water; to which at firſt they paid little or no attention, ſuppoſing it to have been either natural in their then condition, or occaſioned by not having obeyed the calls of nature; thus contenting themſelves, until the increaſing difficulty, terminating in a ſuppreſſion of urine, obliges them to ſend for aſſiſtance.

I believe it will be allowed me, that in all ſuch habits, every part of the body is equally ſubject in a certain degree to the conſequences of relaxation; which granted, it ſeems not unreaſonable to imagine that the ligaments of the uterus, ſo circumſtanced, muſt be in a more flaccid

* I have an obſervation to add, that ſeems to confirm this idea of the diſorder being peculiar to relaxed habits; namely, that ſeveral of the patients whom I have attended and cured of this complaint, in ſome time after have died of dropſies.

ſtate than is natural in a robuſt habit of body; and conſequently, the uterus is more looſely ſuſpended in the pelvis, and extremely liable to motion from any preternatural preſſure or impulſe. In ſuch a ſituation then, if there be either a difficulty in making water or a ſuppreſſion of urine, no matter by what cauſe occaſioned, the bladder will be preternaturally diſtended, and preſſing in every direction, as it riſes in the pelvis, and above the ſymphyſis of the pubis, the ligaments of the uterus muſt give way, and the fundus uteri is thereby forced to recede. But we find by experience, in every caſe of difficulty in making water, that the bladder ſcarce ever has the power of diſcharging the whole of it's contents without aſſiſtance. And in all ſuch caſes, that difficulty, not being at firſt ſufficiently attended to, hourly increaſes, till it ends in a total ſuppreſſion: In our caſe, by parity of reaſoning, the bladder becomes daily more and more diſtended, and the preſſure againſt and over the fundus uteri muſt be continually increaſing, from the ſize and weight of the bladder, by the power of which the fundus is forced

back and downwards in the pelvis, between the vagina and rectum, as hath been before deſcribed. And when this has once taken place, it is impoſſible for the uterus to return to its natural ſituation without aſſiſtance. To ſuch canſes, how ſlight ſoever in the begining, do I attribute the whole of this dire miſchief: on which account I have always moſt earneſtly recommended to pregnant women not to wait after, but rather to anticipate the calls of nature.

Four caſes, which I have ſelected out of a conſiderable number that fell under my care, are added by way of Appendix to this little Eſſay; and will, I hope, ſufficiently confirm the account I have attempted to give of this formidable complaint.

APPENDIX;

CONTAINING

FOUR REMARKABLE CASES

OF THE

GRAVID UTERUS INVERTED.

CASE THE FIRST.

ON the eighteenth day of Auguſt, one thouſand ſeven hundred and fifty-eight, I was ſent for to Margaret, the wife of George Sharp, of Knottingley, three miles diſtant from Pontefract, in the county of York. She complained of great pain in her body, from a ſuppreſſion of urine, which had been increaſing for ſeveral days,

with an odd dull pain at the ſymphyſis of the os pubis; but ſhe did not ſuppoſe it would lead to any bad conſequence, believing the whole to have been occaſioned by not making water at a time when ſhe had a preſſing call to it, a few days before the complaint began: ſhe was then about three months gone with child.—I endeavoured to make her ſenſible of the neceſſity of paſſing the catheter, with which ſhe complied; and, after drawing off two quarts of water, I ordered her ſome diuretic medicines, and preſcribed an opiate to be taken at bed-time. I viſited her again the next day, and found ſhe had enjoyed an eaſy night, and had voided more water than for ſeveral days before.—I then recommended to her to continue the diuretic medicines, to keep her body open, and to take the opiate occaſionally. But on the twenty-ſeventh I was ſent for again, and found her much worſe. She now complained of great pain in the pelvis, and could neither void water nor evacuate any thing by ſtool;—I again drew off the very ſame quantity of water as before, and ordered her a clyſter, which anſwered

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the intention, and gave her great eaſe. But imagining that ſhe was about to miſcarry, I was deſirous to examine her; to this end, having paſſed the os externum with my finger, I was ſurpriſed to find that I could by no means proceed in the uſual manner gently up the vagina towards the ſacrum, in ſearch of the os internum, being obſtructed by a tumor at the lower extremity of the ſacrum, which ſtretched the vagina from ſide to ſide. I then paſſed my finger up the rectum, which I perceived was preſſed cloſe to the ſacrum, by this tumor, ſituated betwixt the vagina and rectum; then advancing my finger to the ſymphyſis of the pubis, found there the collum uteri preſſed into a flat form, ſomething like a middle ſized muſhroom juſt beginning to open. From all theſe circumſtances, and at the ſame time recollecting the caſe given by Dr. Hunter, in the year 1754, I was convinced that this tumor could be nothing but the fundus uteri inverted.

THIS being the firſt caſe of the kind which had occurred in my practice, I was led to attempt a reduction of the uterus, in the manner which the Doctor had recommended; but, after ſeveral vain attempts, was obliged to leave her, only preſcribing an opiate, till the day following.

In the intermediate time, having conſidered the caſe in every point of view, as far as I was able, with a female pelvis, and Doctor Smellie's tables before me, theſe being the only ſources from which I could then derive any information, I determined upon the method of treatment already given at large, which at my next viſit I put in practice. The firſt attempt failed, but I was happy enough to ſucceed in a ſecond effort, and reduced the uterus into its natural ſituation. This was done on the twenty-eighth of Auguſt, ten days after my firſt ſeeing the patient.

AFTERWARDS ſhe went on in her pregnancy without any further inconvenience, and had a natural and eaſy

labour; nor did any evil happen in conſequence of the complaint. And ſeveral years after, when I called accidentally at the houſe, I found both her and the child in good health.

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CASE THE SECOND.

ON the twelfth of December, 1759, I was desired by a gentleman of the Faculty to attend the wife of Andrew Montier, of Knottingley, supposed to be then in a fit of the stone or gravel. Being that day engaged, I recommended what I thought most proper from the information given me, and desired if she was not relieved by the prescription, to be informed, in order that I might visit her.—I heard no more of the case from that day until the seventh of January 1760, when I was intreated to go and see her. I then found her advanced five months in her pregnancy, and in a most deplorable situation;

tion ; ſhe informed me that for a month paſt ſhe had been in conſtant pain, which firſt began with a difficulty of making water, and a trifling pain about the neck of the bladder ; for which her midwife ordered her ſomething, and ſhe had alſo taken medicines from her apothecary, in hopes to carry it off, but to no purpoſe. On the contrary, the pain increaſed every day, a ſuppreſſion of urine came on, and it was with difficulty ſhe could part with any ſtool for ſome time paſt : that about the twenty-ninth of December the pain in her body was very great ; and, as ſhe expreſſed it, bore down violently ; and as ſhe could neither diſcharge urine nor ſtool, that ſhe had ſent again for her midwife, believing ſhe was going to miſcarry, who ſtaid with her ſome time, and gave every aſſiſtance in her power by opiates, clyſters, &c. notwithſtanding which her ſufferings hourly increaſed with ſickneſs and vomitings ; nay, for twenty-four hours before I ſaw her, ſhe had vomited up what ought to have gone down.

I FOUND her ſunk and emaciated to the laſt degree; her pulſe ſcarcely to be felt, and this attended with frequent faintings, cold ſweats, and a cadaverous ſmell. But for a few hours preceding my viſit, the pains in the pelvis had left her.

IN this moſt miſerable ſituation I doubted whether or no I ſhould attempt any thing; but, for ſatisfaction to myſelf, as her body was greatly diſtended, I paſſed the catheter, and drew off five pints of a dark grumous coffee-coloured water, which towards the latter end was bloody.

AFTER this I paſſed the os externum with my finger, and found the fundus uteri in the vagina, below the extremity of the os coccygis, preſſing the perinæum, and the anus dilated the breadth of a ſhilling, the parts diſcharging a moſt offenſive matter. With ſome difficulty I paſſed my finger up to the ſymphyſis of the pubis, where I found the collum uteri preſſed quite flat againſt

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the pubis, at the very brim of the pelvis, the os internum being open the breadth of a ſixpence. But the tumor preſſed the rectum ſo cloſe to the os ſacrum, that I could not paſs the os coccygis with my finger.

THESE parts being in a ſtate of mortification, all farther attempts were vain :—I thought it my duty however, before I left her, to make the apothecary and midwife who attended, perfectly ſenſible of the diſorder being incurable. The poor creature expired next day.

OBSERVATIONS.

THIS dreadful caſe naturally led me to conſider what relief might have been given to the patient before the parts were ſo injured as to leave no hopes of recovery, i. e. before the mortification had taken place.

The means which then occurred to me as the only probable and practicable ones, in so desperate a situation, were these ;—first to draw off the water and clear the rectum of feces :—secondly, to endeavour by some method to rupture the membranes, and discharge the liquor amnii, which would greatly reduce the uterus in magnitude ; and having gained these two points, then at last to attempt a reduction in the way I have in general recommended.

In every case that hath occurred to me in practice, I have always been able to reach the os internum with my finger, and clearly to discover its form and situation. I have not therefore any doubt, even in such a situation, where the collum uteri is flat, and the os internum opens a little, that I could, by persevering in my efforts, pass the os internum with my finger, and rupture the membranes ; at least the trial in a case of such imminent danger is warrantable. For it might save the patient, and could do no injury. But should it prove impracticable

with the finger, then I think it would be right to make the attempt with a female catheter, or ſome inſtrument of that kind, having a point much more curved or hook-like.

In doing this, whilſt I had one finger at the os internum, I would paſs the inſtrument up on one ſide of the ſymphyſis of the pubis, with the point towards the other ſide; and, when advanced as high in the pelvis as the os internum, inſinuate the point into it; and then, by puſhing the point downwards, and againſt the membranes, rupture them, and ſo diſcharge the liquor amnii. After which the reduction ſhould immediately be ſet about as in general directed.

These are ſpeculative ſuggeſtions only thrown out for others of happier talents to improve upon. But were a caſe of this deſcription to fall under my care, even though the os internum ſhould not be at all open, I would moſt

certainly adopt the mode of proceeding now deſcribed, without the leaſt doubt of ſucceſs.—This at leaſt, I can affirm, is the only caſe that has occurred to me, in which I did not ſave the patient.

CASE

CASE THE THIRD.

ON the eighteenth of September, 1761, James Hunter of Ledſham, ſix miles from Pontefract, believing his wife was about to miſcarry, called on me to viſit her, as the midwife of the place, who was with her, could give no aſſiſtance, and was at a loſs what to do.

As it was then late in the evening I ſent her an opiate; and viſiting her in the morning following, was glad to hear from herſelf that ſhe was better; which ſhe attributed to having made more water than uſual; but at the ſame

time ſhe told me, ſhe had been labouring for many days under a difficulty of making water, attended with an uncommon pain about the neck of the bladder; that for the three or four laſt days ſhe could make little or none, nor could ſhe have a ſtool without the aſſiſtance of medicine, and concluded with ſaying that ſhe had had a great deal of bearing-down pain in her body which hourly increaſed. All this ſhe ſuppoſed was owing to her condition, being her firſt pregnancy.

From this information I concluded what the caſe was, and upon examination found the uterus inverted in the manner I have already deſcribed. I therefore drew off the water, evacuated the rectum, and ſet about the reduction exactly as I have generally directed.

But I did not find it an eaſy taſk, as the force requiſite to be employed was very great: however, at the third effort I ſucceeded, and the uterus reverted into its natural ſituation.

After

After ſhe had continued in bed a week, I found the parts in their proper form and ſituation; and no ſymptoms of abortion appeared. She even went on to her full time, without any kind of inconvenience, and on the eighteenth of March, 1762, ſhe had a natural labour; when, being again ſent for, I delivered her of a daughter, and all did well.

CASE THE FOURTH.

ON the twenty-ſixth day of February, 1764, I was called to the ſame patient a ſecond time, whom I found in the like ſituation as before; only according to her own reckoning, a little farther advanced in her pregnancy; and though ſhe had ſo lately experienced the very ſame complaint, yet on this occaſion ſhe did not apprehend any dangerous conſequence, believing her indiſpoſition to proceed merely from holding her water too long, which did not by any means appear a ſerious matter to her.

After taking every previous ſtep to facilitate the reduction of the uterus, I ſet about it in the uſual way; but found the uterus ſo faſt wedged in the pelvis, that I was obliged to make many efforts before I could accompliſh the reduction, the force required being very great. And I muſt obſerve, that immediately before the uterus receded, a ſmart guſh of water came down upon my hand, which at the inſtant I ſuppoſed could be nothing but the liquor amnii: of which I was convinced by what followed. The uterus being replaced, the patient was put to bed, and the uſual directions given. But when I called upon her four days after, I diſcovered ſymptoms of an approaching miſcarriage, which I foretold, and it accordingly happened the next day. My patient ſoon recovered, and in a ſhort time after removed to a town called Kippax, about two miles diſtant, in a high dry ſituation, where ſhe acquired a more robuſt habit of body. Since that time ſhe has had ſeveral children, without any return of the retroverſio uteri, and now lives at Kippax in perfect health, March the firſt, 1785.

I SHALL conclude with remarking that I could produce a conſiderable number of other caſes, in which the Gravid uterus has been retroverted, that have fallen under my own immediate care; but as they contain nothing new, differ very little in their ſymptoms from the Firſt, Third, or Fourth; and being treated exactly in the ſame way, terminated happily; I forbear to enumerate them, conceiving it would only give the reader unneceſſary trouble.

FINIS.